

Temporary Continuation of Coverage (TCC) Premium Rates

Premium rates listed below are for employees hired on or after 10/01/1987. All monthly premiums include a 2% administrative fee.

AETNA CDHP

TYPE	ENROLLMENT CODE	2017 PREMIUM MONTHLY
Self	HM1	\$ 358.71
Self + 1	HM2	\$ 705.11
Family	HM3	\$ 1,036.57

AETNA HMO

TYPE	ENROLLMENT CODE	2017 PREMIUM MONTHLY
Self	AH1	\$ 708.02
Self + 1	AH2	\$ 1,391.75
Family	AH3	\$ 2,046.01

AETNA PPO

TYPE	ENROLLMENT CODE	2017 PREMIUM MONTHLY
Self	AP1	\$ 748.63
Self + 1	AP2	\$ 1,471.58
Family	AP3	\$ 2,163.37

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2017 PREMIUM MONTHLY
Self	KP1	\$ 583.73
Self + 1	KP2	\$ 1,115.02
Family	KP3	\$ 1,710.41

UNITED HEALTHCARE CHOICE

TYPE	ENROLLMENT CODE	2017 PREMIUM MONTHLY
Self	MD1	\$ 662.42
Self + 1	MD2	\$ 1,265.22
Family	MD3	\$ 1,940.88